



Phone: (907) 561-3211  
[www.alaskaheart.com](http://www.alaskaheart.com)

Ankie M. Amos, MD, FACC  
Richard A. Anschuetz, MD, FACC  
Krzysztof W. Balaban, MD, FACC  
Mario Binder, MD, FACC  
David E. Chambers, MD, Ph.D.  
Steven J. Compton, MD, FACC, FACP, FHRS  
Matthew W. Corbett, MD  
Christopher K. Dyke, MD  
Scott A. Ebenhoeh, DO, FACC  
John C. Finley, MD, FACC, FASE  
Lisa N. Gray, DO  
Linda A. Ireland, DO  
Thomas K. Kramer, MD, FACC

Seth L. Krauss, MD, FACC, FSCAI  
Peter D. Marbarger, MD  
Adam C. Mason, MD, FACC  
William P. Mayer, MD, FACC, FACP  
Jonathan R. McDonagh, MD, FACP  
Paul A. Peterson, MD, FACC  
Brian T. Scully, MD, FACC  
Mark A. Selland, MD, FACC  
Alan E. Skolnick, MD, FACC  
David W. Sonneborn, MD, FACC  
Gunnar G. Strobel, MD, FACC  
Christopher D. Thomas, MD  
Stanley P. Watkins, MD, MHS, FACC  
Yiming Wu, MD, Ph.D.

May 20, 2016

Nuclear Materials Licensing Branch  
U.S. Nuclear Regulatory Commission, Region IV  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511

RE: Amendment to License # 50-29111-01  
Alaska Heart Institute, LLC  
3841 Piper St, Suite T-100  
Anchorage, AK 99508

RECEIVED  
JUN 20 2016

DNMS

We are submitting a request for an amendment to license # 50-29111-01. We would like to add two of our physicians as Authorized Users. NRC Form 313A- part I and part II of the "Authorized User Training and Experience and Preceptor Attestation" have been completed and are enclosed with this letter for Scott Allan Ebenhoeh DO FACC and Christopher D. Thomas MD. A copy of Christopher Thomas MD's verification of Certification in Nuclear Cardiology by primary source verification, Council for Certification in Cardiovascular Imaging is enclosed.

Sincerely,

Alan Skolnick MD  
Radiation Safety Officer  
Alaska Heart Institute, LLC

ENC:  
NRC Form 313  
NCR Form 313A- Ebenhoeh, Thomas  
Cardiovascular Imaging Certification- Thomas

**PUBLIC**

- ☒ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

- ☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: msc Date: 6/23/16

Anchorage - Main Office  
3841 Piper Street  
Suite T-100  
Anchorage, Alaska 99508

Alaska Regional Office  
2751 DeBarr Road  
Suite B-200  
Anchorage, Alaska 99508

Mat-Su  
2490 S. Woodworth Loop  
Suite 250  
Palmer, Alaska 99645

Cath Lab  
Alaska Heart Institute, Cath Lab  
3220 Providence Dr. Suite E3-063  
Anchorage, Alaska 99508

16 5 9 1 1 3 5

## NRC FORM 313

(05-2016)

10 CFR 30, 32, 33, 34  
35, 36, 37, 39, and 40

## U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIALS  
LICENSE

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 05/31/2016

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. \*AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.**

## APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY LICENSING BRANCH  
DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

## ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

## IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

## SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
2100 RENAISSANCE BOULEVARD, SUITE 100  
KING OF PRUSSIA, PA 19406-2713

## IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,  
SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

## SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511

**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

## 1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐

A. NEW LICENSE

☒

B. AMENDMENT TO LICENSE NUMBER

50-29111-01

☐

C. RENEWAL OF LICENSE NUMBER

## 2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Alaska Heart Institute, LLC  
3841 Piper Street, Suite T100  
Anchorage, AK 99508

## 3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

3841 Piper Street, Suite T100  
Anchorage, AK 99508  
2490 South Woodworth Loop, Suite 250  
Palmer, AK 99645

## 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Catherine McVey

## BUSINESS TELEPHONE NUMBER

(907) 561-3211

## BUSINESS CELLULAR TELEPHONE NUMBER

(907) 244-2903

## BUSINESS EMAIL ADDRESS

cmcvey@alaskaheart.com

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

## 5. RADIOACTIVE MATERIAL

- a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

## 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

## 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

## 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

## 9. FACILITIES AND EQUIPMENT.

## 10. RADIATION SAFETY PROGRAM.

## 11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions\*)  
(See 10 CFR 170 and Section 170.31)

## FEE CATEGORY

AMOUNT  
ENCLOSED \$

## 13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

## CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE

Alan Skolnick MD, Radiation Safety Officer

## SIGNATURE

## DATE

5/20/16

## FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	



Phone: (907) 561-3211  
[www.alaskaheart.com](http://www.alaskaheart.com)

Ankie M. Amos, MD, FACC  
Richard A. Anschuetz, MD, FACC  
Krzysztof W. Balaban, MD, FACC  
Mario Binder, MD, FACC  
David E. Chambers, MD, Ph.D.  
Steven J. Compton, MD, FACC, FACP, FHRS  
Matthew W. Corbett, MD  
Christopher K. Dyke, MD  
Scott A. Ebenhoeh, DO, FACC  
John C. Finley, MD, FACC, FASE  
Lisa N. Gray, DO  
Linda A. Ireland, DO  
Thomas K. Kramer, MD, FACC

Seth L. Krauss, MD, FACC, FSCAI  
Peter D. Marbarger, MD  
Adam C. Mason, MD, FACC  
William P. Mayer, MD, FACC, FACP  
Jonathan R. McDonagh, MD, FACP  
Paul A. Peterson, MD, FACC  
Brian T. Scully, MD, FACC  
Mark A. Selland, MD, FACC  
Alan E. Skolnick, MD, FACC  
David W. Sonneborn, MD, FACC  
Gunnar G. Strobel, MD, FACC  
Christopher D. Thomas, MD  
Stanley P. Watkins, MD, MHS, FACC  
Yiming Wu, MD, Ph.D.

May 20, 2016

Nuclear Materials Licensing Branch  
U.S. Nuclear Regulatory Commission, Region IV  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511

RE: Amendment to License # 50-29111-01  
Alaska Heart Institute, LLC  
3841 Piper St, Suite T-100  
Anchorage, AK 99508

RECEIVED  
JUN 20 2016

DNMS

We are submitting a request for an amendment to license # 50-29111-01. We would like to add two of our physicians as Authorized Users. NRC Form 313A- part I and part II of the "Authorized User Training and Experience and Preceptor Attestation" have been completed and are enclosed with this letter for Scott Allan Ebenhoeh DO FACC and Christopher D. Thomas MD. A copy of Christopher Thomas MD's verification of Certification in Nuclear Cardiology by primary source verification, Council for Certification in Cardiovascular Imaging is enclosed.

Sincerely,

Alan Skolnick MD  
Radiation Safety Officer  
Alaska Heart Institute, LLC

ENC:  
NRC Form 313  
NCR Form 313A- Ebenhoeh, Thomas  
Cardiovascular Imaging Certification- Thomas

**PUBLIC**

- ☐ Immediate Release  
☒ Normal Release

**NON-PUBLIC**

- ☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: msc Date: 6/23/16

Anchorage - Main Office  
3841 Piper Street  
Suite T-100  
Anchorage, Alaska 99508

Alaska Regional Office  
2751 DeBarr Road  
Suite B-200  
Anchorage, Alaska 99508

Mat-Su  
2490 S. Woodworth Loop  
Suite 250  
Palmer, Alaska 99645

Cath Lab  
Alaska Heart Institute, Cath Lab  
3220 Providence Dr. Suite E3-063  
Anchorage, Alaska 99508

591135





## APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollections.Resource@nrc.gov](mailto:Infocollections.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. \*AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.**

**APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

MATERIALS SAFETY LICENSING BRANCH  
DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

**ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:**

**IF YOU ARE LOCATED IN:**

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

**SEND APPLICATIONS TO:**

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
2100 RENAISSANCE BOULEVARD, SUITE 100  
KING OF PRUSSIA, PA 19406-2713

**IF YOU ARE LOCATED IN:**

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,  
**SEND APPLICATIONS TO:**

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

**SEND APPLICATIONS TO:**

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
1600 E. LAMAR BOULEVARD  
ARLINGTON, TX 76011-4511

**PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.**

**1. THIS IS AN APPLICATION FOR (Check appropriate item)**

☐

A. NEW LICENSE

☒

B. AMENDMENT TO LICENSE NUMBER

50-29111-01

☐

C. RENEWAL OF LICENSE NUMBER

**2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)**

Alaska Heart Institute, LLC  
3841 Piper Street, Suite T100  
Anchorage, AK 99508

**3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED**

3841 Piper Street, Suite T100  
Anchorage, AK 99508  
2490 South Woodworth Loop, Suite 250  
Palmer, AK 99645

**4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

Catherine McVey

**BUSINESS TELEPHONE NUMBER**

(907) 561-3211

**BUSINESS CELLULAR TELEPHONE NUMBER**

(907) 244-2903

**BUSINESS EMAIL ADDRESS**

[cmcvey@alaskaheart.com](mailto:cmcvey@alaskaheart.com)

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

**5. RADIOACTIVE MATERIAL**

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

**6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.**

**7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.**

**8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.**

**9. FACILITIES AND EQUIPMENT.**

**10. RADIATION SAFETY PROGRAM.**

**11. WASTE MANAGEMENT.**

**12. LICENSE FEES (Fees required only for new applications, with few exceptions\*)  
(See 10 CFR 170 and Section 170.31)**

**FEE CATEGORY**

**AMOUNT  
ENCLOSED \$**

**13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.**

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

**CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE**

Alan Skolnick MD, Radiation Safety Officer

**SIGNATURE**

**DATE**

5/20/16

**FOR NRC USE ONLY**

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
APPROVED BY			\$	DATE	

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 05/31/2016

Name of Proposed Authorized User

Scott Allan Ebenhoeh DO FACC

State or Territory Where Licensed

Alaska

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies
- ☒ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**PART I – TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290      ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

☒ **3. Training and Experience for Proposed Authorized User**

**a. Classroom and Laboratory Training.**

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
<b>Total Hours of Training:</b>			

**b. Supervised Work Experience** (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

☐ 35.190    ☐ 35.290    ☐ 35.390    ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

**c. For 35.590 only, provide documentation of training on use of the device.**

Device	Type of Training	Location and Dates

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each use requested:**

For 35.190

Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

**OR**

Training and Experience

☒ I attest that Scott Allan Ebenhoeh DO FACC has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**OR**

Training and Experience

☒ I attest that Scott Allan Ebenhoeh DO FACC has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete the following for preceptor attestation and signature:**

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.190    ☒ 35.290    ☐ 35.390    ☐ 35.390 + generator experience

Name of Preceptor Alan Skolnick MD	Signature 	Telephone Number (907) 561-3211	Date 5/25/16
License/Permit Number/Facility Name			





6245 Inkster Road  
Garden City, MI 48135  
(734) 458-3221

CARDIOPULMONARY SERVICES

10/29/14

Certification Board of Nuclear Cardiology  
101 Lakeforest Boulevard, Suite 401  
Gaithersburg MD 20877

Dr. **Scott Ebenhoeh** has completed a nuclear cardiology training program that meets the requirements for Level 2 as outlined in the *ACCF/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2008* within an accredited fellowship program.

Dr. **Scott Ebenhoeh** completed Level 2 nuclear cardiology training between the dates of **07/01/2012** and **10/10/2014** (use mm/dd/yyyy).

I attest that Dr. **Scott Ebenhoeh** is competent to independently function as an authorized user under NRC 10 CFR 35.200 uses.

The above-named applicant completed a minimum of 80 hours of classroom and  
☐ laboratory training that meets the Nuclear Regulatory Commission (NRC) requirements as an INTEGRAL part of his/her fellowship/residency program.

The above-named applicant completed a minimum of 80 hours of classroom and  
☒ laboratory training that meets the NRC requirements external to his/her fellowship program.

☐ The above-named applicant is an Authorized User listed on a current Radioactive Materials (RAM) License (if applicable).

Sincerely,

(Signature Required)

Name of Preceptor: Emmanuel Papasifakis, D.O.

Title/Relationship to Applicant: Program Director, Cardiology Services

☒ A statement regarding COCATS Level 2 Training in Nuclear Cardiology at our institution as well as my status as preceptor or nuclear cardiology program director is on file at the CBNC Office. The training of the above-named applicant complies with all components of the statement on file.



**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 05/31/2016

Name of Proposed Authorized User

Christopher D. Thomas MD

State or Territory Where Licensed

Alaska

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies
- ☒ 35.200 Imaging and localization studies
- ☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**PART I – TRAINING AND EXPERIENCE**

(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290      ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

☐ **3. Training and Experience for Proposed Authorized User**

**a. Classroom and Laboratory Training.**

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
<b>Total Hours of Training:</b>			

**b. Supervised Work Experience** (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervising Individual		License/Permit Number listing supervising individual as an authorized user	
Supervisor meets the requirements below, or equivalent Agreement State requirements ( <i>check one</i> ).			
<input type="checkbox"/> 35.190 <input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.390 + generator experience in 35.290(c)(1)(ii)(G)			

**c. For 35.590 only, provide documentation of training on use of the device.**

Device	Type of Training	Location and Dates

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each use requested:**

For 35.190

Board Certification

☒ I attest that Christopher D. Thomas MD has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

**OR**

Training and Experience

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☒ I attest that Christopher D. Thomas MD has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**OR**

Training and Experience

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete the following for preceptor attestation and signature:**

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.190    ☒ 35.290    ☐ 35.390    ☐ 35.390 + generator experience

Name of Preceptor Alan Skolnick MD	Signature 	Telephone Number (907) 561-3211	Date 5/20/16
License/Permit Number/Facility Name Materials License/50-29111-01/Alaska Heart Institute, LLC			





## CARDIOVASCULAR IMAGING CERTIFICATIONS

- Cardiovascular Computed Tomography
- Nuclear Cardiology

Certification recognizes those physicians who have demonstrated knowledge and skills in their respective fields by documenting appropriate training and/or experience and successfully passing a written examination.

**NOTE:** For questions or further clarification, please call our office at 240.631.8151.

### Search Results

1 results found

[Search Again »](#)

Name/Location

Status

Information

**Dr. Christopher D. Thomas**  
Palmer, AK  
CBNC

DIPLOMATE

Certificate Number: **9095**

Certified in Nuclear Cardiology on **12/7/2012**. This certification is valid from **1/1/2013-3/1/2023**.

1 results found

[Search Again »](#)

[About CCCVI](#) | [Board of Directors](#) | [Contact Us](#) | [Employment](#)

Copyright 2016 Inteleos Inc. All Rights Reserved.  
1401 Rockville Pike, Suite 600, Rockville, MD 20852  
Email: [administration@cccvi.org](mailto:administration@cccvi.org) - P: 240.631.8151 - F: 240.631.8152



3841 Piper Street, Suite T-100  
Anchorage, AK 99508

RECEIVED JUN 20 2016

Nuclear Materials Licensing Branch  
US Nuclear Regulatory Commission, Region IV  
1600 E. Lamar Blvd.  
Arlington, TX 76011-4511

7601134511 C002

|||||

591135



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Alan E. Skolnick, M.D.  
Radiation Safety Officer  
Alaska Heart Institute, LLC  
3841 Piper Street, Suite T1-100  
Anchorage, Alaska 99508

## Date

06/21/2016

## License Number(s)

50-29111-01

## Mail Control Number(s)

591135

## Licensing and/or Technical Reviewer or Branch

CLH

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 05/20/2016

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☒ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1140

✓ 6/21/16

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02201  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 09/30/2012  
Fee Comments:  
Decom Fin Assur Req'd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Alaska Heart Institute, LLC  
Received Date: 06/20/2016  
Docket Number: 3034474  
Mail Control Number: 591135  
License Number: 50-29111-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / / )

1. Fee Category and Amount: \_\_\_\_\_

#### 2. Correct Fee Paid. Application may be processed for:

Amendment: \_\_\_\_\_

Renewal: \_\_\_\_\_

License: \_\_\_\_\_

#### 3. OTHER \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_